

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90137 023 *****61.25

DOCUMENT # N02000001545

1. Entity Name

MI CASA, FOUNDATION, INC.



Principal Place of Business

**3700 ARNOLD RD.
FT. PIERCE FL 34981**

Mailing Address

**3700 ARNOLD RD.
FT. PIERCE FL 34981**

2. Principal Place of Business

3215-A S. US. # 1

3. Mailing Address

3215-A S. US. #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT PIERCE, FL.

City & State

FORT PIERCE, FL.

Zip

34982

Country

ST. LUCIE

Zip

34982

Country

ST. LUCIE

4. FEI Number

04-3607144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PENALOZA, NELSON E
3700 ARNOLD RD.
FT. PIERCE FL 34981**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PENALOZA, NELSON E 3700 ARNOLD RD. FT. PIERCE FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PENALOZA, NELSON E 3700 ARNOLD RD. FT. PIERCE FL 34981	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PENALOZA, SYLVIA E 3700 ARNOLD RD. FT. PIERCE FL 34981	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POLITO, TONY 1903 SOUTH 25TH ST. FT. PIERCE FL 34947	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERT G. FERNANDEZ 3220 S.US.Hwy. 1 Suite 5 Fort. Pierce, Florida 34982	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JEAN MARIE SOTO 139 NW. FRIAR ST. Port St. Lucie Florida 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address in which I am otherwise empowered.

SIGNATURE:

SIGNATURE: NELSON E. PENALOZA, PRESIDENT 772) 467-0005

CR2E037 (10/02)